SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 A7500

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BAYFIELD COUNTY, WISCONSIN

Date Damp Greedlen E | W E |

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Refund:		Amount Paid:	/ Date:	Permit #:
-	10-28-15	#75 #75	10-28-15	15-04a3

Bayfield Co. Zoning Dept.

Ochicianal olan	S Company	S 2 70	· · · · · · · · · · · · · · · · · · ·	Rec'd for Issuan	Municipal Use			Commercial Use				F Residential Use	Addition		Proposed Use	Floposed Collsubction	Existing Structure					\$10,000	<u>.</u>	The state of the s	Value at Time of Completion * include donated time & material	Non-Shoreland		ੋ Shoreland 🛶		Section	1/4,	PROJECT LOCATION	Authorized Agent: (P	Contractor:	Owner's Name:	TYPE OF PERMIT REQUESTED-
ı					☐ Accessory Building	Addition/Alteration (specify)	-		with (2 <sup>nd</sup> ) Deck	with a Deck			$\downarrow$	Principal Structure (first structure on property)  Residence (i.e. cabin bunting shack etc.)	1 4	I COOL	Existing Structure: (if permit being applied for is relevant to it)		Property - Foundation	siness on	Relocate (existing bldg)	☐ 2-Story	n 1-Story+	□ New Construction ←1-Story	Project # of Stories (What are you applying for) and/or basement		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue		☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)	, Township 45 N, Range	1/4 Gov't Lot Lot(s)	tatemer	Authorized Agent: (Person Signing Application on behalf of Owner(s))	TEER TOOT TRAIL	IK ROMAN	☐ LAND USE ☐
OF STARTING CONSTRUCTION WITHOUT & PER	- Lineary Company	A TANANAN TANA	A A A A A A A A A A A A A A A A A A A	Accessory Building Addition/Alteration (specify)		- I.	y, <u>or</u> □ sleeping quarters, <u>or</u> □ cooking &	arage	eck		orch		יונווק טוומנא, רנכי/	nting shack etc.)	Proposed Structure	rengar.				ent None			nd 🗆	☐ Seasonal	Use of bedrooms		re, Pond or Flowage  If yescontinue	-	er, Stream (incl. Intermittent) Distance Structure	- w Towns:	CSM Voi & Page Lotis) No.	104-00-00-400	none:	Contractor Phone: Plumber:	Address: ULAGE  10 CLIFF	CONDITION
MIT WILL RESULT IN PENALTIES	The second secon	(	**************************************	The state of the s		1	& food prep facilities) (	The state of the s	The state of the s						Din ,		Width:	(1.1)	None Voller	- 1	Privy (Pit) or		☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		ucture is from Shoreline :	leer	is from Shoreline :	tor size	BIOCKIS) NO. SUBDIVISION OS ASE	-33eo0 Volume_	Agent Mailing Address (include Uty/state/zip):		City/state/Zip: 78350	☐ SPECIAL USE
	×			x )	×		×			( X	X )	X	× ;	X	Dimensions Footage	_  	Height: / >		T. Commission of the Commissio	ract)	Vaulted (min 200 gallon)		N	☐ City	e of / System Water perty?				Is Property in Are Wetlands	Acreage	3dd to	182	Attached  Organisation  Attached  Organisation  Organisati	Plumber Phone:	Cell Phone S	В.О.А

must sign or letter(s) of authorization must accompany this application) Date O

All Ow

**Authorized Agent:** 

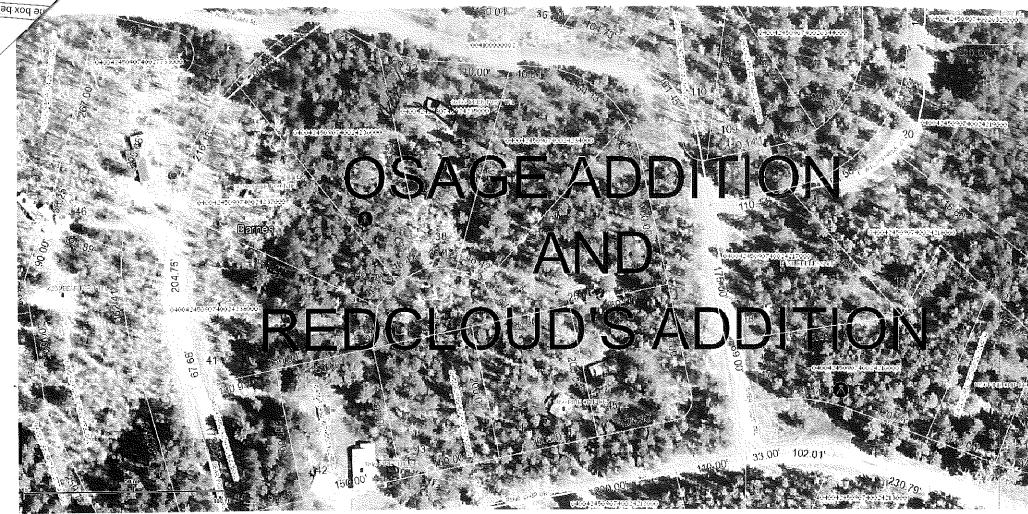
Address to send permit

owner(s) a letter of authorization accompany this application)

(If you are signing on behalf of the

Date

Mold For TBA:	OK Show Buy W)C	Date of Inspection: 10-27-15	uspection Records	Parcel Legally Created Yes	J'Yes ¥ No Case #:	Lot Yes ship Yes	Issuance Information (County Use Only) Permit Denied (Date): Permit #: ルースルのタ	(9) Stake or Mark Proposed Loc NOTICE: All Land Use I For The Construction Of New O The lo	fror to the placement or construction of a structure more than ten in previously surveyed corner to the other previously surveyed cornarked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Feet Front to the placement or construction of a structure within ten (10) feet of the minimum required setback, wher previously surveyed corner or marked by a licensed surveyor at the owner's expense.	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from the West Lot Line	Setback from the <b>South</b> Lot Line  Setback from the <b>South</b> Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)					(1) Show Location of: Pro (2) Show Indicate: No (3) Show Location of (*): (*) (4) Show: (5) Show: All (5) Show: (*) (6) Show any (*): (*) (7) Show any (*): (*)
☐ Hold For Affidavit: ☐ Hold For	100	pected by:		□ No Were Property Lines Represented by Owner □ No Was Property Surveyed	Previously Granted by Variance (B.O.A.)  ☐ Yes \( \bar{V}, \No \)	us Lot(s) A No	404183	Iction, Septic Tank (ST), Dra r from the Date of Issuance it : ALL Municipalities Are Requ ite or Federal agencies may a	rior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback rine previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the propost narked by a licensed surveyor at the owner's expense.	the bou	プレー Feet Setback to Well フザー Feet	Feet Setback from 20% Slope Area	4 Feet	Feet Setback from the Riv	Measurement	ooint)	(man)			and the second s	Property (regardless of what you are applying for)  Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
For Fees:		Date of Re-Inspection	Zoning District (ピ)) Lakes Classification( ルゲー)	epresented by Owner 본Yes ☐ No Pas Property Surveyed ☐ Yes ☐ No	iriance (B.O.A.)  Case #:	☐ Yes No Affidavit Required ☐ Yes No ☐ Yes No Affidavit Attached ☐ Yes ☐ No	# of bedrooms:   Sanitary Date: 4/62_	Privy (P), and un. elling Code.	e boundary line from which the setback must be measured must be visible from own corner within 500 feet of the proposed site of the structure, or must be	ndary line from which the setback must be measured must be visible from one previously surveyed corner to the	35 Feet	lope Area Feet ain Feet		Setback from the Lake (ordinary high-water mark)       Feet         Setback from the River, Stream, Creek       Feet         Setback from the Bank or Bluff       Feet	Description Measurement	Changes in plans must be approved by the Planning & Zoning Dept.		athear			d) Holding Tank (HT) and/or (*) Prīvy (P)



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PO Box 58
Washburn, WI 54891
(715) 373-6138

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Under

\$25,000

BAYFIELD COUNTY, WISCONSIN 

Permit #: **∌**ate: Amount Paid: 10-30-1S 15/04a7 10-30-15

Bayfield Co. Zoning Dept. 001 10205

Refund:

द्रॅ(Non-Shoreland	☐ Shoreland ——>		00000	Sortion 19	NE 1/4, NE	PROJECT LOCATION	Authorized Agent: (Pe	Contractor:	Address of Property:	Owners Name: Will FAM R S	TYPE OF PERMIT REQUESTED→	DO NOT START CONSTRUC	INSTRUCTIONS: No permi
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)  Creek or Landward side of Floodplain? If yescontinue —▶		Township Lt S N Range C	E1/4   Gow't Lot   Lot(s)	<u>Legal Description</u> : (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))		Address of Property:	Owners Name: RTMOSART K	LAND USE []	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT	INSTRUCTIONS: No permits will be issued until all fees are paid.  Checks are made payable to: Bayfield County Zoning Department.
	ke, Pond or Flowage If yescontinue —	er, Stream (incl. Intermittent) If yescontinue —>	BAYNO	Town of:	(376 X 218	PIN: (23 digits) 04-7-45-69-19	Agent Phone:	Contractor Phone:	City/State/Zip:	Mailing Address:	SANITARY   PRIVY	·	Hayfield Co. Zoning Dept.
	Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	スシグ		Lot(s) No. Block(s) No.	PIN: (23 digits) 004-2-45-69-19-101-000-70100	Agent Mailing Address (include City/State/Zip):	Plumber:	W1 54873	City/State/Zip:	☐ CONDITIONAL USE ☐ SPEC	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)	
	#	*	2.040	Lot Size	Subdivision:	Recorded Docu	State/Zip):				SPECIAL USE   E	isit our website ww	Neturia.
	□ Yes ≵ No	Is Property in Floodplain Zone?		Acreage		Document: (i.e. Property Ownership)  920 Page(s)	Written Author Attached  ☐ Yes ☐ No	Plumber Phone:	Cell Phone:	Telephone:	в.о.∧. □ от	rw.bayfieldcounty	
	□ Yes ≵ No	Are Wetlands Present?				rty Ownership)	Written Authorization Attached	hone:	b completely the property of the commence of t		OTHER	.org/zoning/asp)	

				\$ 000 C	· / / / / / / / / / / / / / / / / / / /	*	Value at Time of Completion *include donated time & material
	Property	□ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	№ New Construction	Project (What are you applying for)
	□ Foundation	☐ No Basement	☐ Basement	□ 2-Story	☐ 1-Story + Loft	↑ 1-Story	# of Stories and/or basement
					😾 Year Round	☐ Seasonal	Use
		> None		3	2	<b></b>	of bedrooms
□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
	I	<u> </u>			⊀ Well	□ City	Water

	Proposed Construction: Length:	Existing Structure: (if permit being applied for is relevant to it) Length:	
	301-0		
	Width: 201-0	Width:	
	Height: 옹' 씨시	Height:	

	^	Other: (explain)		
	٧ )		]	
	× )	Conditional Use: (explain)		
	× )	Special Use: (explain) (		
,				***************************************
	×	Accessory Building Addition/Alteration (specify)		
780	x )	Accessory Building (specify) & nrase	Ø	wuncipal use
	x )	Addition/Alteration (specify)		7
-	×	Mobile Home (manufactured date) (		
	X )	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities) (		
And the second s	×	with Attached Garage (		Commercial Use
	X )	with (2 <sup>nd</sup> ) Deck		
	×	with a Deck		
	×	with (2 <sup>nd</sup> ) Porch		
	×	with a Porch (		🖔 Residential Use
	×	with Loft (		en <sub>m</sub>
	×	Residence (i.e. cabin, hunting shack, etc.)		
	×	Principal Structure (first structure on property) (		
Footage	Dimensions	Proposed Structure	•	Proposed Use

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) acknowledge that I (we) above described properry at any reasonable time for the purpose of inspection.

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st sign br letter(s) of authorization must accompany this applicatio	iomanet It., Jackson
(If there are Multiple Owners listed of the Deed All Owners must sign $br$ letter(s) of authorization must accompany this application)	ionalet 17. Januari

Address to send permit

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Date

5

113115

Attach
Copy of Tax Statement
f you recently purchased the property send your Recorded Deed

8 Setbacks: (measured to the closest point)

Setback from the South Lot Line
Setback from the West Lot Line
Setback from the East Lot Line Setback to Drain Field

Setback to Privy (Portable, Composting)

Feet

Frior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the bother previously surveyed comer or marked by a licensed surveyor at the owner's expense. Setback from the North Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Tank or Holding Tank Description 35 S 13 Measurement इंड्रेड Feet Feet Feet Feet Feet Setback to Well Setback from 20% Slope Area Setback from Wetland Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek Setback from the Bank or Bluff Elevation of Floodplain Measurement Feet Feet Feet Fee Feet

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner for the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

must be visible fram one previously surveyed corner to the

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Camadon de la composition della composition dell	Hold For Fees:	Hold For Affidavit:		Hold For Sanitary: Hold For TBA:
Date of Approval:				Signature of Inspector:
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Date of Re-Inspection:		(FN) H		Condition(s):Town Committee or Board Conditions Associated
Zoning District (タ子)) Lakes Classification( )	Z	) S		Garage Stalla
ČYes □ No ☐ No ☐ Yes □ AYNo	Were Property Lines Represented by Owner  Was Property Surveyed	Were Property	Éxes □ No	Parcel Legally Created illding Site Delineated
	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:	Previously Grante		Granted by Variance (B.O.A.)  Yes \\ \[ \begin{align*} \text{Vio} \\ \text{Case #:} \end{align*}
Affidavit Required	□Yes ZNO	(No Mitigation Required Mitigation Attached	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes	Is Parcel a Sub-Standard Lot
		Permit Date: 10-30-18	Permit Date.	Permit # 150497
		enial:	Reason for Denial	Permit Denied (Date):
Sanitary Date:	# of bedrooms:	ber:	Only) Sanitary Number:	Issuance Information (County Use Only)

SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are p Checks are made payable to: Bayfield County Zoning Depart DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BI

APPLICATIO	APPLICATION FOR PERMIT	Permit #:	15-0409
BAFFELDCO	BACHELE COURT WISCONSIN	Date:	10-30-15
Dájestamp (Received)	00 28 2015 W	Amount Paid:	H818
baid. Bayfield C	Bayfield Co. Zoning Dept.	Refund:	10:30:15
ment.			
EEM ISSUED TO ADDITION			

e that I (we)	e. I (we) acknowledg	ind complet	ALTIES ), correct a	NIT WILL RESULT IN PEN	WITHOUT A PERI	G CONSTRUCTION \ by me (us) and to the	T or STARTIN been examined	OBTAIN A PERMI ying information) has	FAILURE TO	H (includi	Secretarial Staff  FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  [we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (us) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we)	T
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् u crty	Ġ.	Specify Type:		☐ (New) Sanitary		Year Round	] - - - - - - - - - - - - - - - - - - -	☐ 1-Story	□ New Construction	New Construction		
2			•			-	1			)	material	333
Water	tem /?	What Type of er/Sanitary System on the property?	What Ty Sewer/Sanita Is on the pr	Sewe	# of bedrooms	Use	es ment	# of Stories and/or basement	OCT	Project	Value at Time of Completion * include donated time &	o
-					-						□ Non-Shoreland	
	No		eline : feet	ucture is from Shoreline :	Distance Structure	Pond or Flowage If yescontinue —>	ike, Pond o	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	y/Land withir	ls Propert	•	i i
Are Wetlands Present?	one?	ls f	eline : feet		*Distance Structure	tream (incl. Intermittent)	er, Stream	☐ Is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?	y/Land within	ls Propert eek or La	Shoreland	ą.
576	Acreage	18 337 1848 1848	Lot Size	٧,	BARNE	Town of:	₹) 	20	p Tyy N, Range	, Township	Section Soq	
	2 4		Subdivision:	Block(s) No.	Lot(s) No.	Vol & Page	CSM	Lot Lot(s)	Gov't Lot	1/4	1/4,	•
cy Ownser amp	Page(s)		Volume_	-co2-c3-cw	30 1-83	#-07-	2	tatemer	4	Legal Description	PROJECT LOCATION LEI	
□ No	Dorument: (i.e. Property Ownership)		Recorded		omence successive every definite externanted tracificate	rrite)	P ECI - MIG				7	
thorization	დ ⊃	••	City/State/Zip):	ddress (include City/St 	gent Mailing A _		Agent Phone:	on behalf of Owner(s))	lication on behal	Signing App	Authorized Agent: (Person Signing Application	Αu
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130-416	73 d Val 2	A4.	E	BARRET C	R	50930 Bullake	5093	*	Sheele	Tak	e us	
163	a 유미	- 30	) F	_ O []	City	<b>X</b>	Mailing Address:	E			Owner's Name;	Ş.
070	□ ROA □ OTHER		7 7	AI IISE - SPECIALLISE	CONDITIONAL LISE	PRIVY	NITA DY		- IVANDIISE	7777	TYPE OF PERMIT REQUESTED——	Į

**Authorized Agent:** 

Address to send permit

50930

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5443

Attach
Copy of Tax Statement
property send your Recorded Deed

this application)

Owner(s):

スンスプ

Date

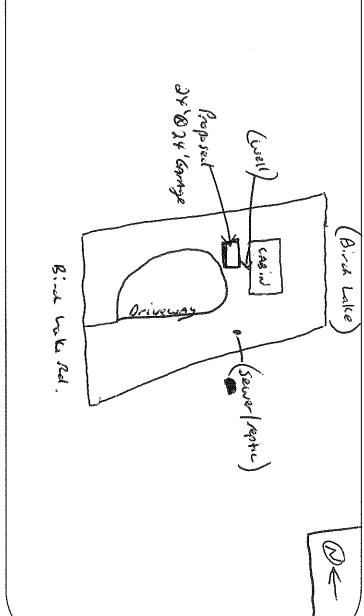
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must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization

- Show:
- Show any (\*): Show any (\*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	ent	Description	Measurement
The second secon	<b>&gt;</b>			
Setback from the Centerline of Platted Road	sse.	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	くれる	Feet	Setback from the River, Stream, Creek	Feet
			Setback from the <b>Bank or Bluff</b>	Feet
Setback from the North Lot Line	So	Feet		
Setback from the <b>South</b> Lot Line	<u>ي</u> د	Feet	Setback from <b>Wetland</b>	Feet
Setback from the West Lot Line	225	Feet	20% Slope Area on property	☐ Yes ☐ No
Setback from the East Lot Line	163	Feet	Elevation of <b>Floodplain</b>	Feet
Setback to Septic Tank or Holding Tank	55	Feet	Setback to Well 35	Feet
Setback to <b>Drain Field</b>	,	Feet		
Setback to <b>Privy</b> (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum requester previously surveyed corner or marked by a licensed surveyor at the owner's expense. reyed corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

## (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

ssuance information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	and the second s	
Permit #: 15 - 0429	Permit Date:	i de de la constantina del constantina de la constantina de la constantina del constantina de la const	
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  U Yes (Deed of Record)  (D Yes (Deed of Record)  (D Yes (Deed of Record)  (D Yes (Deed of Record)	Quo Quo	Mitigation Required ☐ Yes	Affidavit Required │□ Yes □ No Affidavit Attached │□ Yes □ No
Granted by Variance (B.O.A.) Li Yas □ No Case #:	Previously Gr □ Yes ⊉ No	Previously Granted by Variance (B.O.A.)    Case #	**
Was Parcel Legally Created 4 Yes □ No Was Proposed Building Site Delineated 1 Yes □ No	Were F	Were Property Lines Represented by Owner Was Property Surveyed	ZYes □ No I No I No
Inspection Record: OIL			Zoning District ( $M$ ) Lakes Classification ( $2$ )
Date of inspection: 一人の in	Inspected by: AU		Date of Re-Inspection:
Condition(s):Town, Committee or Board Conditions Attached? $\Box$ Yes: $\Box$ No $-$ (If $\underline{No}$ they need to be attached.)	ب □ <b>Yes</b> □ <b>No -</b> ((f <u>No</u> they nee	d to be attached.)	
Signature of Inspectification			Date of Approval: 10-3965
Hold For Sanitary Hold For TBA:	Hold For Affidavit:	Hold For Fees:	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR BERMIT BAYFIBLD COUNTY, IN BCCONSIN

Bayfield Co. Zoning Dept.

Refund: Amount Paid: rmit #: 10-20-15 15-0420 10-30-15

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

☐ Shoreland — ☐ Is Property	☐ Is Property Creek or Lan	{	Section 8 Township 45	1/4,1/4	Annual Company of the	2	DROIFOT		Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	2375 pray Chip D1	Address of Property:	Without Laston	Owner's Name:	TYPE OF PERMIT REQUESTED—>
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain? If yes—continue—		N Range 9	9	Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	1-94				,		•		☐ LAND USE
, Pond or Flowage	Stream (incl. Intermittent)  If yescontinue>	Balnes	Town of:		CSM Vol & Page	さしている。	PIN: (23 digits)		Agent Phone:	Contractor Phone:	Barnes wi 54872	City/State/Zip:	375 Pineshie	Mailing Address:	☐ SANITARY ☐ PRIVY ☐
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	\$			Lot(s) No.   Block(s) No.	84-2-45-09-08-3 00-278-52000			Agent Wailing Address (include City/State/Zip):	Plumber:	54873		2375 Angely Dr Berneswi 54873	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE
·*	<u> </u>		Lot Size	Rummag &	Subdivision:	Volume J143	Recorded Documen		State/Zip):						JAL USE 🔲 B.O.A.
□ Yes □ Yes	Is Property in Are Wetlands Floodplain Zone? Present?	7	Acreage	Rumma Bears Add.		Page(s) 547	ent: (i.e. Property Ownership)	□ Yes □ No	Written Authorization	Plumber Phone:	8// 11/	Cell Prione: グン・	2/0	Telephone:	A. OTHER

Proposed Construction:	Existing Structur				0.00	17.000			Value at Time of Completion  * include donated time & material
uction:	Existing Structure: (If permit being applied for is relevant to it)		Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	<b>■New Construction</b>	Project
	r is relevant to it)	of ofware	Foundation	☐ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	□ 1-Story	# of Stories and/or basement
length:	Length:					WALL TO SERVICE STREET	Year Round	□ Seasonal	Use
				None		3	□ 2	□ <b>⊢</b>	# of bedrooms
	Width:	None	☐ Compost Toilet	☐ Portable (w/service contract)	Privy (Pit) or Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
Height:	Height:				(min 200 gallon)	PE: A	)e:		λώ
			•	•		-	□ Well	□ City	Water

YNon-Shoreland

Residential Use  Residence (i.e. cabin, hunting shack, etc.)  With Loft  with A Porch  with 2 <sup>m</sup> /d Porch  with a Deck  with a Deck  with A Beck  with Attached Garage  Mobile Home (manufactured date)  Accessory Building (specify)  Accessory Building Addition/Alteration (specify)  Conditional Use: (explain)	
	A CONTRACTOR OF THE CONTRACTOR
	with a Porch
	with (2 <sup>nd</sup> ) Porch
	with a Deck
	with (2 <sup>nd</sup> ) Deck
	with Attached Garage
Addition/Alteration (specify)  Accessory Building (specify)  Accessory Building Addition/Alteration (specify)  Conditional Use: (explain)	
Addition/Alteration (specify)  Accessory Building (specify)  Accessory Building Addition/Alteration (specify) '  Conditional Use: (explain)	Mobile Home (manufactured date)
Accessory Building (specify)  Accessory Building Addition/Alteration (specify) '  Special Use: (supisin)  Conditional Use: (explain)	Addition/Alteration (specify)
ry Building Addition/Alteration (specify) ,	Accessory Building (specify)
Use: (misign)	Accessory Building Addition/Alteration (specific)
Use: (explain)	
mai Usa: (explain)	School Code (School Code)
0.7302015	

-Secretarial Staff FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
we accompanying information) has been examined by me (xi) and to the best of my (our) knowledge and belief it is true; correct and complete, i (we) acknowledge that i (we) of all information is (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept Hability which this information is (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the effort the purpose of inspection.

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Owner(s): HARE HADE (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Date

Signature of Inspector: And Moch	Mma \ \na	Inspection Record:  Juny Site Statul.  Date of Inspection: (0-27-15)	Granted by Variance (B.O.A.)  'Yes '(No  Was Parcel Legally Created Yes □ No  Was Proposed Building Site Delineated Yes □ No	(9) Stake or Mark Proposed Location(s) of the NOTICE. All Land Use Permits Expire For The Construction Of New One 8. Two Familians Permit # JS OH 30  Permit # JS OH 30  Is Parcel in Common Ownership Is Structure Non-Conforming Is Structure Non-Conforming Is Yes (Fused/Contiguous Lot(s)) Is Structure Non-Conforming Is Yes	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)  Description Measured to the closest point)  Setback from the Centerline of Platted Road   15 closest from the Established Right-of-Way   1 closest from the South Lot Line   1 closest from the West Lot Line   1 closest from the East Lot Line   1 closest from the Ea	Mark Cup DI	n of: te:
Hold For Affidavit: 🗀 Hold For Fees: 🖂	kttached? □ Yes (□ No −(If <u>No</u> they need to be attached.) bu イムカゥーン	1	Previously Granted by  Yes Tho  Were Property Lines	Date: 10-3	Measurement    15		Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%  **  **  **  **  **  **  **  **  **
ees:		Zoning District (2 )  Lakes Classification ( )  Date of Re-Inspection:	Case #: Owner _ ja Yes rveyed	The Control of the state of the	Changes in plans must be approved by the Planning & Zoning Dept.  Description  Measurement  Feet the Lake (ordinary high-water mark)  the River, Stream, Creek  The Bank or Bluff  Wetland  The Bank or Bluff  Feet oodplain  Feet  Feet  Feet  Feet  Feet  Feet  Feet  Feet  Feet	YLION	Tank (HT) and/or (*) Privy (P)